

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
In-patient Hospital Service			X	\$100.00 per discharge from the hospital* * The co-payment is based on the average payment per service for In-patient Hospital Services during the state fiscal year 1993. The average payment per day is \$812.00.

TN # 94-08
Supersedes
TN# 86(10)-02

Approval 03-03-95

Effective 04/01/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Out-patient Hospital Service			X	\$1.00 per line item*
				* The co-payment is based on the average payment per service for Out-patient Hospital Services during the state fiscal year 1993. The average payment per service is \$22.70.

TN # 94-08
Supersedes
TN# 86(10)-02.

Approval 02/03/95

Effective 4/1/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Rural Health Clinic Service			X	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Rural Health clinic Services during the state fiscal year 1993. The average payment is \$41.30.

TN # 94-08.

Supersedes

TN# ~~86(10)-02~~ 90-4'

Approval

03/03/95

Effective 4/1/94.

HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Federally Qualified Health Center Service			X	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Federally Qualified Health Center Service during the state fiscal year 1993. The average payment is \$48.40.

TN # 94-08

Supersedes

TN# ~~86(10)-02~~ New.

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Free Standing Dialysis Clinic Service			X	\$2.00 per unit* * The co-payment is based on the average payment per unit of service for Free Standing Dialysis Clinic Service during the state fiscal year 1993. The average payment is \$86.20.

TN # 94-08

Supersedes

TN# ~~86(10)-02~~ NEW

Approval 03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Physicians' Service			X	<p>\$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)*</p> <p>* The co-payment is based on the average payment per unit of service for Physician & Mid-Level Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.</p>

TN # 94-08
Supersedes
TN# 86(10)-02

Approval 03/03/95

Effective 4/1/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Licensed Clinical Psychologists' Service			X	\$1.00 per hour (\$.25 for 15 minute unit)* * The co-payment is based on the average payment per hour of service for Licensed Clinical Psychologists services during the state fiscal year 1993. The average payment is \$42.00.

TN # 94-08
Supersedes
TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Podiatrists' Service			X	\$2.00 per unit*
				* The co-payment is based on the average payment per unit of service for Podiatrists' Services during the state fiscal year 1993. The average payment is \$29.50.

TN # 94-08'
Supersedes
TN# 86(10)-02

Approval 03/03/95

Effective 4/1/94
HGFAID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

- A. The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduc.	Coins.	Copay.	
Optometrists			X	\$2.00 per service* * The co-payment is based on the average payment per unit of service for Optometrists' Services during the state fiscal year 1996. The average payment is \$32.31.

TN #97-015
Supersedes
TN #94-08

Approval 12/01/97

Effective 7/1/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Mid Level Practitioner Service			X	\$2.00 per unit (except on allergy, anesthesia and 'J' codes which are \$2.00 per line)* * The co-payment is based on the average payment per unit of service for Physician & Mid-Level Practitioner Services during the state fiscal year 1993. The average payment is \$32.00.

TN # 94-08.

Supersedes

TN# 86(10)-02 NEW.

Approval 03/03/95

Effective 4/1/94.

HGFAID: 0053C/0061E